**What Are “Health Care Disparities”?**

* There are a number of definitions of disparities.
  + Healthy People 2010 seeks the overarching goal of eliminating health disparities
  + *Considers* all differences in its measures as evidence of disparities.
* Institute of Medicine (IOM), *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care definition:*
  + Health care disparities are differences that remain after taking into account patient needs and preferences and the availability of health care.

**Differences in clinical care provided to**

* Women
* Children
* Elderly
* Patients with chronic illnesses
* These differences are often grouped together under the broad heading of **healthcare disparities.**

**Differences vs. Disparities in Care**



**Social Factors and the Quality Gradient**

* + 

**Associated Factors**

* Socioeconomic factors
  + Lack of health care facilities in minority communities
  + Inability to afford high co-payments





* Regardless of income or insurance
  + Racial and ethnic health care disparities persists
* Still others associate health care disparities with adverse health outcomes, personal responsibility, or provider prejudice.

**Patients’ race affects clinical decision-making**

* 720 physicians were shown a recorded interview and given other data about a hypothetical patient and asked to recommend care.
* Men and whites were more likely to be referred for cardiac catheterization than women and blacks.
  + Blacks were less likely to get referred for cardiac catheterization
  + Black women were referred the least

**Why Examine Disparities in Cardiovascular Care?**

* Heart disease is the leading cause of death among minorities
* Scientific and medical literature extensively document disparities in cardiac care
* There is strong consensus for recommended treatments
* There are widely-accepted measures of quality of cardiac care

**Cardiovascular Disease**

* Minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery.

**Stroke**

* African-Americans suffer strokes as much as 35 percent higher than whites.
* African-Americans are less likely to receive major diagnostic and therapeutic interventions.

**Kidney Dialysis, Transplants**

* Minorities are less likely to be placed on waiting lists for kidney transplants or to receive kidney dialysis or transplants.

**HIV/AIDS**

* Minorities with HIV infection are less likely to receive antiretroviral therapy and other state-of-the-art treatments, which could forestall the onset of AIDS.

**Mental Health**

* African-Americans are more likely to be diagnosed as psychotic, but are less likely to be given anti-psychotic medications.
* African- Americans are more likely to be hospitalized involuntarily, to be regarded as potentially violent, and to be placed in restraints.
* A recent report from the U.S. Surgeon General illuminates the striking disparities in access and availability of mental health services for minorities
* Calls for action to improve the quality of mental health care available to racial and ethnic minority populations.

**Understanding *Why* Healthcare Disparities Exists**

* Although it is clear that racial and ethnic disparities exist in U.S. health care, the sources of these inequalities are not so well understood.
* Some evidence suggests that bias, prejudice and stereotyping on the part of health care providers may contribute to differences in care.

**Self-Awareness: Not Me**

* The IOM report says that it is reasonable to assume that the vast majority of healthcare providers find prejudice morally abhorrent.
* Several studies show that even well‐meaning people who are not overtly biased or prejudiced typically demonstrate unconscious negative racial attitudes and stereotypes.
* In addition, the time pressures that characterize many clinical encounters, as well as the complex thinking and decision-making required, may increase the likelihood that stereotyping will occur.
* Uncertainty about a patient's condition also may contribute to disparities in treatment.

**Education increases awareness**



**Increasing Education and Awareness of Disparities Among Providers**

* Acknowledge Disparities
* Don’t Make Assumptions
* Eliminate Fear

**Role of Cultural Responsiveness**

* But even when minorities are insured at the same level as whites, they are less likely to enjoy a consistent relationship with a primary care provider, in part because of the lack of doctors in minority communities.
* "I don't think necessarily you have to be an African-American to provide good care to African-Americans, but if you're not you need to be really aware of the culture and some of the issues in that culture, and really look at how you feel about dealing with people from that culture."--African-American nurse

**Role of Racial Concordance**

* The quality of care provided does not appear to be better when minority patients and their providers are of the same racial or ethnic group.
* However, one study shows that concordance of race is associated with greater patient participation and satisfaction.

**Race and Refusal of Treatment**

* A few studies have found that minority patients refuse recommended treatments more often than do whites.
* However, the IOM report says differences in refusal rates are small and do not fully account for racial and ethnic disparities.

**The Road to Patient Mistrust**

* Real or perceived discrimination in hospitals and society in general has led many minorities to mistrust doctors and nurses.

**Language and Healthcare Quality Language barriers affect the quality of healthcare.**

* Nearly 14 million Americans are not proficient in English.
* As many as one in five Spanish-speaking Latinos reports not seeking medical care due to language barriers.

**Access to Healthcare**

* Defined as the timely use of personal health services to achieve the best health outcomes.
  + An essential prerequisite to obtaining high quality care and increasing the quality and length of life.

**SES, Health and Access**

* Individuals of lower socioeconomic status (SES) and racial and ethnic minorities have in the past, experienced poor health and challenges in accessing high quality care.

**Priority Populations**

* Women
* Children
* Elderly
* Racial and ethnic minority groups
* Low income groups
* Residents of rural areas
* Individuals with special health care needs, specifically children with special needs, the disabled, people in need of long-term care, and people requiring end of life care.

**Disparities are a quality failure**

* **Qual●i●ty** *n. --*The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge



**Factors that Influence Clinical Decisions and Communication**

* Sociocultural factors impact provider- patient communication and
* Non-medical factors (race, gender, age) influence clinical decision making

Stigma and Illness

* Used to describe the knee jerk reaction of others and social distancing of an individual who has a discredited disease, condition, or illness.
* Stigma is classically defined as “an attribute” that is deeply discrediting.
* “People with a stigmatized illness face problems on two fronts:
  + The disease itself
  + The shame and prejudice that come with the diagnosis”.

**Four Elements**

* Labeling
* Stereotyping
* Status loss
* Discrimination
* Stereotyping is the process of applying beliefs and expectations about a group to a person from that group.
* Bias is a preference or an inclination, especially one that inhibits impartial judgment.
* Prejudice is the unjustified negative attitude based on a person’s group membership.
  + Clinicians’ stereotyping, bias, and prejudice may contribute to disparities in the quality of care received by minorities.

**Stigmatized Illnesses and Conditions**

* Epilepsy
* HIV-AIDS
* Mental Health
* Alcohol and mental health
* Cancer
* Facial disfigurement
* Aging
* Bladder control
* Bowel control
* Obesity
* Sexually transmitted
* infections
* Skin conditions

**A Patient-Based Approach to Cross Cultural Care: Cultural Responsiveness Matters!**

* Assure effective communication
  + Assess core cross-cultural issues, explore the meaning of the illness, determine the social context and engage in negotiation
* Beware of stereotyping
  + Understand mechanism, identify conditioning, double-check clinical decision making, work in diverse teams
* Build trust
  + Be aware of mistrust, acknowledge potential, provide focused reassurance, negotiate

**Addressing Racial Disparities in Health Care:**

* The Association of American Medical Colleges (AAMC) developed A Targeted Action Plan for Academic Medical Centers
  + Disparities based on location of care, often termed **between-provider disparities,** are the result of differences in care patterns across providers (hospitals, health plans, or physicians).
  + Disparities related to individual care patterns among patients treated by the same provider (hospitals, health plans, or physicians) are called **within provider disparities.**

**Between Provider**

* **Recommendation 1: Increase the Racial and Ethnic Diversity of the U.S. Physician Workforce**
* **Recommendation 2: Increase Medical Trainees’ Exposure to Underserved Settings**
* **Recommendation 3: Increase Knowledge Regarding Segregation of Care and Disparities**

**Within Provider**

* **Recommendation 4: Increase**  **Physicians’ Awareness**
* **Recommendation 5: Improve the**  **Quality of Clinical Interactions**
* **Recommendation 6: Increase Knowledge Regarding Improving Clinical Interactions**
* **Recommendation 7: Lead in the Effort to Eliminate Disparities**

**Take Home Message**

* *"Disparities in the health care delivered to racial and ethnic minorities are real and are associated with worse outcomes in many cases, which is unacceptable. The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them."*

**Robert Phillips - Case Questions**

* **Issue 1 – Disease and Illness** 
  + What is the distinction between “disease” and “illness?”
* **Issue 2 – Discrimination and racial/ethnic disparities in care**
  + For what conditions or procedures have racial/ethnic disparities been documented?
* **Issue 3 – Stereotyping and clinical decision-making**
  + What would it be like to be on the other end of a negative  stereotype like this?
* **Issue 4 – Mistrust and communication style**
  + What are the different ways you might expect patients to act when they are mistrustful?